

Special Initiative Activity Plan

Maternal and Reproductive Health Initiative

May 1998



Partnerships
for Health
Reform



Abt Associates Inc. # 4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814 # Tel: 301/913-0500 # Fax: 301/652-3916

In collaboration with:

Development Associates, Inc. # Harvard School of Public Health #
Howard University International Affairs Center # University Research Corporation



Partnerships
for Health
Reform

Mission

The Partnerships for Health Reform (PHR) Project seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity in the following key areas:

- ▲ *better informed and more participatory policy processes in health sector reform; more equitable and sustainable health financing systems;*
- ▲ *improved incentives within health systems to encourage agents to use and deliver efficient and quality health service; and*
- ▲ *improved organization and management of health care systems and institutions to support specific health sector reforms.*

PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

May 1998

Recommended Citation

Partnerships for Health Reform. 1998. *Maternal and Reproductive Health Initiative*. Special Initiative Activity Plan. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

For additional copies of this report, contact the PHR Resource Center at PHR-InfoCenter@abtassoc.com or visit our website at www.phrproject.com.

Contract No.: HRN-5974-C-00-5024-00
Project No.: 936-5974.13

Submitted to: Robert Emrey, COTR
Health Policy and Sector Reform Division
Office of Health and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

Table of Contents

Acronyms	iii
Acknowledgments	v
Executive Summary	vii
1. Introduction	1
2. Strategic Framework	3
2.1 PHR Special Initiatives: Purpose and Role in Furthering the Center for Population, Health, and Nutrition Global Leadership Results	3
2.2 Rationale for Selection of Maternal and Reproductive Health as the Focus of a PHR Special Initiative	3
2.3 Objectives and Intended Results of the Maternal and Reproductive Health Initiative	6
2.4 PHR's Comparative Advantage in Meeting These Objectives	7
3. Proposed Activities	9
3.1 Objective 1: Improve Policy Environment for More Effective Use of Resources Devoted to Key Maternal and Reproductive Health Services	9
3.1.1 Rationale	9
3.1.2 Intended Results and Activities	9
3.2 Objective 2: Enhance Capacity to Collect and Use Information That Can Improve Policies and Decision-Making Related to Maternal and Reproductive Health Services	12
3.2.1 Rationale	12
3.2.2 Intended Results and Activities	12
3.3 Objective 3: Provide State-of-the-Art Knowledge, Approaches, and Tools in the Areas of Costing and Financing Maternal and Reproductive Health Services	14
3.3.1 Rationale	14
3.3.2 Intended Results and Activities	14
4. Evaluation and Reporting Plan	23
5. Personnel and Management Plan	25
5.1 Proposed Personnel	25
5.2 Management Plan	25
5.3 Coordination with Other Cooperating Agencies and Donors	26
6. Proposed Budget	27

List of Tables

Table 1	
Summary of Objectives, Results, Activities, and Target Dates	17

List of Figures

Figure 1	
Women's Lifetime Risk of Dying from Pregnancy	4
Figure 2	
Meeting the Strategic Objectives of the Center for Populaton, Health, and Nutrition	8

Acronyms

CEDPA	Centre for Development and Population Activities
CEFOREP	Center for Training and Research on Reproductive Health
DHS	Demographic and Health Survey
FLS	Family Life Survey
MCH	Maternal and Child Health
MOH	Ministry of Health
MRHI	Maternal and Reproductive Health Initiative
MSH/RPM	Management Sciences for Health/Rational Pharmaceutical Management
NGO	Non-government Organization
PHN	Population, Health, and Nutrition
PHR	Partnerships for Health Reform
SARA	Support for Analysis and Research in Africa
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgments

This activity plan was prepared by Mark McEuen and Pamela Putney. Mr. McEuen and Ms. Putney are serving as the program and technical managers, respectively, for the Partnerships for Health Reform's Maternal and Reproductive Health Initiative.

Additional technical input and review were provided by other PHR staff contributing to this initiative, including Drs. Tania Dmytraczenko, Katherine Krasovec, Charlotte Leighton and Ann Levin.

Executive Summary

Childbearing-related afflictions are the largest cause of morbidity and mortality among women aged 15 to 44 in developing countries (World Development Report, 1993). Revised 1990 figures from World Health Organization/UNICEF show that an estimated 585,000 women die worldwide from complications of pregnancy and childbirth each year; 99 percent of these deaths occur in developing countries. Another 15 million women have chronic problems resulting from childbirth, such as prolapse and fistula, while an estimated 64 million women suffer dangerous complications of pregnancy.

In recognition of the gravity of this situation, the United States Agency for International Development (USAID) has articulated that a sustainable reduction in maternal mortality is one of the objectives of its four-pronged approach to stabilize world population and protect human health. The strategy of the agency's Center for Population, Health and Nutrition is to improve health by increasing use of maternal health services. These services include safe pregnancy, care of the newborn, women's nutrition, family planning, and other key reproductive health interventions.

At present only limited information on the costs, financing, and effectiveness of maternal health services is available. The activities the Partnerships for Health Reform (PHR) proposes to carry out under its Maternal and Reproductive Health Initiative (MRHI) are designed to promote the sustainable delivery of effective maternal and reproductive health services by improving knowledge about the constraints to the utilization and provision of these services and about financing alternatives that address these constraints. By informing decision-makers, this knowledge will ultimately influence policies designed to expand the access to and use of higher quality and more efficient maternal and reproductive health services. In addition, the MRHI activities have been designed to enhance host-country capacity to collect, analyze, and use information on costs and alternative financing mechanisms for maternal health services.

Based on issues identified by PHR and the Center for Population, Health and Nutrition, Intermediate Result "improved policy environment for maternal health and nutrition programs," PHR formulated the following objectives and results for the MRHI:

- ▲ Improve policy environment for more effective use of resources devoted to key maternal and reproductive health services
 - △ increase knowledge to make effective resource allocation decisions related to maternal and reproductive health service
 - △ increase knowledge for more effective policies related to national insurance and other alternative financing schemes for maternal and reproductive health services
 - △ enhance capacity to collect and use information that can improve policies and decision-making related to maternal and reproductive health services
- ▲ Enhance host-country capacity to design, collect, and analyze cost data related to maternal and reproductive health services

- △ enhance capacity of MOH and facility staff to make policy changes and management decisions based on sound information
- ▲ Provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing maternal and reproductive health services
 - △ improve or refine approaches and tools to measure and improve efficiency of maternal and reproductive health services
 - △ increase understanding of the costs and financing alternatives for maternal and reproductive health interventions by the international health community, local counterparts, and decision-makers

This Special Initiative will be managed by a program manager, a technical advisor with experience in maternal and reproductive health, and a program assistant. Support for several costing activities will be provided by PHR health economists. Many of the planned activities will be undertaken by in-country research firms and individuals. The estimated budget for this initiative is approximately \$1.5 million over a three-year period.

01. Introduction

This Special Initiative Activity Plan provides a detailed three-year work plan of activities that the Partnerships for Health Reform (PHR) plans to undertake under its Maternal and Reproductive Health Initiative (MRHI). Section 2 of the activity plan places the initiative within the context of PHR project goals and objectives, provides a rationale for PHR's selection of maternal and reproductive health as a focus area for the project, and outlines a strategic framework, including objectives and expected results, to guide the next three years of the initiative. Section 3 describes ongoing and planned activities in detail. Section 4 provides an evaluation and reporting plan, and Section 5 provides a personnel and management plan for the Initiative. A proposed budget is included in Section 6.

02. Strategic Framework

2.1 PHR Special Initiatives: Purpose and Role in Furthering the Center for PHN Global Leadership Results

The main objective of PHR Special Initiatives is to assist the Center for Population, Health and Nutrition (PHN) of the United States Agency for International Development's (USAID) Global Bureau to carry out its objectives for global leadership. The principal activities that Partnerships for Health Reform (PHR) conducts to meet these objectives are as follows:

- ▲ inform and guide discussions on critical health reform issues, concepts, and methods that countries and the international community are debating;
- ▲ advance knowledge and methodologies for developing, implementing, and monitoring health reforms and their impacts;
- ▲ promote the exchange of ideas and experiences among donors, country policymakers, and other international health leaders about successful approaches to health policy management, financing, and service delivery; and
- ▲ demonstrate successful field approaches to health reform that result in meeting key PHR program objectives (e.g., improve access to higher quality health services, greater equity, and health service delivery arrangements that are affordable to a majority of people in a variety of country settings).

These initiatives, unlike the technical assistance PHR provides to specific countries, provide the opportunity to (1) conduct cross-country research; (2) develop, test, and disseminate tools, methodologies, and approaches in different countries; and (3) bring people and groups from different countries and regions together to share experiences, ideas, and knowledge. The objectives and specific activities that have been developed for the Maternal and Reproductive Health Initiative fit under the objectives outlined above for all Special Initiatives.

2.2 Rationale for Selection of Maternal and Reproductive Health as the Focus of a PHR Special Initiative

Childbearing-related afflictions are the largest cause of morbidity and mortality among women age 15–44 in developing countries (World Development Report, 1993). Revised 1990 figures from World Health Organization (WHO)/UNICEF show that an estimated 585,000 women die worldwide from complications of pregnancy and childbirth each year; 99 percent of these deaths occur in developing countries (see Figure 1). It is estimated that deaths from complications of pregnancy and childbirth account for between 25 percent and 33 percent of all deaths of women of

reproductive age in the developing world. Aside from maternal deaths, childbearing-related afflictions also contribute to maternal morbidity. An estimated 15 million women have chronic problems resulting from childbirth, such as prolapse and fistula, while 64 million women suffer and survive complications during pregnancy. Additionally, an average of eight million perinatal deaths occur annually, also largely due to inadequate maternal care during pregnancy and delivery, as well as inadequate newborn care.

In recognition of the gravity of this situation, USAID has included the sustainable reduction in maternal mortality as one of the objectives of its four-pronged approach to stabilize world population and protect human health. The strategy of USAID's Center for PHN is to reduce maternal mortality and improve maternal health outcomes by increasing the use of key maternal and reproductive health services. These services include safe pregnancy, care of the newborn, women's nutrition, family planning, and other key reproductive health interventions.

Figure 1: Women's Lifetime Risk of Dying From Pregnancy

Africa	1 in 16
Asia	1 in 65
Latin America/Caribbean	1 in 130
North America	1 in 3,700

Source: Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF, World Health Organization, Geneva, 1996.

Focus areas for PHR's Special Initiatives were chosen to contribute to achieving specific USAID and Center for PHN objectives. PHR's Maternal and Reproductive Health Initiative (MRHI) was designed to contribute to the objective of reducing maternal mortality and increasing maternal health outcomes. The initiative's mission is to promote the sustainable delivery of effective maternal and reproductive health services by improving knowledge about the constraints to the utilization and provision of these services and about financing alternatives that address these constraints. By informing decision-makers, this knowledge will ultimately influence policies designed to expand the access to and use of higher quality and more efficient maternal and reproductive health services.

Service utilization is determined by clients' desire to seek services (demand) and by the health system's ability to deliver those services (supply). Utilization is then the outcome defined by the intersection of demand and supply factors. Policies designed to increase utilization and demand for services must be targeted to reduce or eliminate barriers on both sides of this equation.

Presumably all families consider the good health of their members, including mothers and newborns, to be a desirable outcome. However, not all families currently seek maternal health services. Understanding the barriers that keep families from realizing better maternal health is a key element in the design of policies aimed at increasing service utilization. Common barriers include:

- ▲ limited disposable and/or cash income
- ▲ earnings fluctuations in the absence of saving mechanisms
- ▲ dissatisfaction with the quality of services

- ▲ powerlessness of women within the household to make decisions on seeking care for themselves and their children
- ▲ inability to reach service delivery points

Knowledge about current health expenditure patterns, client willingness and ability to pay for services, household determinants of health-seeking behavior, and intra-household decision-making is often limited. With this information, policymakers and program managers can design and develop maternal and reproductive health care services that better meet the needs of consumers, respond to consumer concerns about the quality of care, and are more sustainable through the use of cost sharing mechanisms.

In addition to demand-side constraints, health systems are often faced with barriers that hinder the supply of health services. Current provision of maternal and reproductive health services may be suboptimal because:

- ▲ insufficient resources are being funneled to the health sector
- ▲ existing resources are not being allocated efficiently
- ▲ an inappropriate mix of services is being produced

In many countries, public resources allocated to the health sector are insufficient. In addition, public funds alone are often unlikely to be sufficient to achieve optimal provision of maternal and reproductive health services. When resources are limited in the public sector, policymakers should encourage consumers who are willing and able to pay for services to pay. This would increase private spending and free public resources to cover the poor.

Additionally, current inefficiencies in health systems result in lower health outcomes than would otherwise be achieved. Knowledge about under-utilization or misallocation of resources, such as personnel and supplies, would assist program managers in improving the efficiency of their service delivery.

Finally, limited resources dictate that choices must be made about which services should be provided and how they should be delivered. Ideally, allocation among alternative uses should be based on which services provide the greatest good and best satisfy client needs per dollar spent. More data on actual cost and effectiveness of maternal and reproductive health interventions is needed to inform decisions on the optimal mix and quality of services.

At present only limited information on these topics is available. The activities PHR proposes to carry out under the MRHI have been designed to promote the sustainable delivery of effective maternal and reproductive health services by improving knowledge about the constraints to the utilization and provision of these services and about financing alternatives that address these constraints. By informing decision-makers, this knowledge will ultimately influence policies designed to expand the access to and use of higher quality and more efficient maternal and reproductive health services. Although the activities under this initiative may not address all of the issues raised in the paragraphs above, they attempt to address the following questions:

- ▲ What is the relative cost-effectiveness (controlling for quality) of different approaches to reducing maternal mortality and morbidity in a given setting? How much does this vary across settings?
- ▲ What are the key determinants of service utilization? What role does the consumer's willingness and ability to pay for maternal and reproductive health services play in the utilization of maternal and reproductive health services? How can utilization of effective maternal health services be encouraged?
- ▲ Which financing mechanisms are the most appropriate for maternal and reproductive health services?
- ▲ What are the appropriate roles for the public and private sectors in the provision and financing of maternal health services?
- ▲ When resources are limited, which maternal and reproductive health services should be provided as the most cost-effective approach?

Additionally, the MRHI activities described in this activity plan have been designed to enhance host-country capacity to collect, analyze, and use information on costs and alternative financing mechanisms for maternal and reproductive health services.

2.3 Objectives and Intended Results of the Maternal and Reproductive Health Initiative

Based on the issues identified above and the PHN Center's Intermediate Result "improved policy environment for maternal health and nutrition programs," PHR formulated the following *objectives* for the MRHI:

- ▲ Improve policy environment for more effective use of resources devoted to key maternal and reproductive health services
- ▲ Enhance capacity to collect and use information to improve policies and decision-making related to maternal and reproductive health services
- ▲ Provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing maternal and reproductive health services

For each objective, PHR then developed *results* expected by the end of the project:

- ▲ Improved policy environment for more effective use of resources devoted to key maternal and reproductive health services
 - △ Increased knowledge to make effective resource allocation decisions related to maternal health services

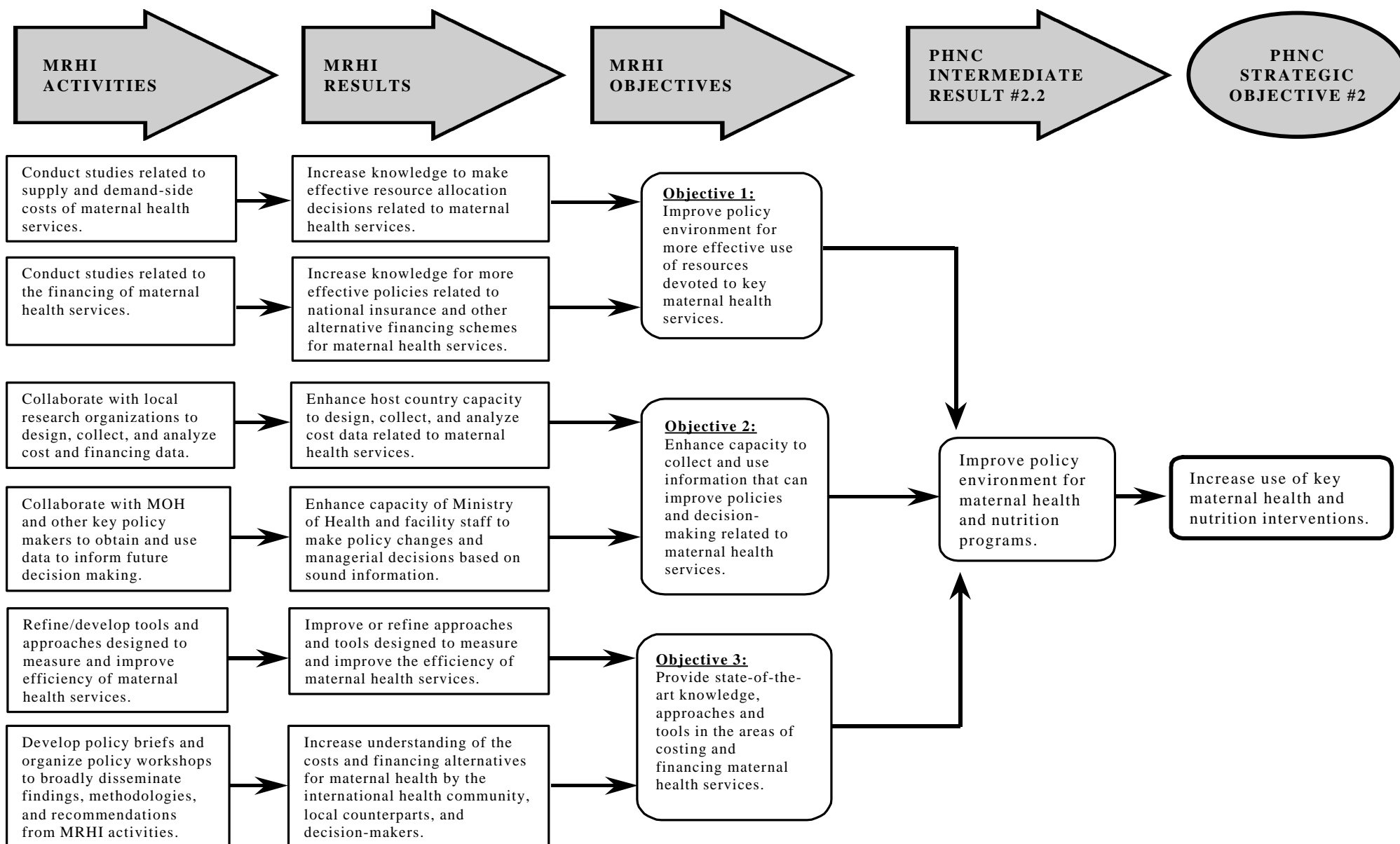
- △ Increased knowledge for more effective policies related to national insurance and other alternative financing schemes for maternal and reproductive health services
- ▲ Enhanced capacity to collect and use information to improve policies and decision-making related to maternal and reproductive health services
 - △ Enhanced host-country capacity to design, collect, and analyze cost data related to maternal and reproductive health services
 - △ Enhanced capacity of MOH and facility staff to make policy changes and management decisions based on sound information
- ▲ Provided state-of-the-art knowledge, approaches, and tools in the areas of costing and financing maternal and reproductive health services
 - △ Improved or refined approaches and tools to measure and improve efficiency of maternal and reproductive health services
 - △ Increased understanding of the costs and financing alternatives for maternal and reproductive health interventions by the international health community, local counterparts, and decision makers

The links between the objectives, results, and activities for this Special Initiative are shown in Figure 2. The specific activities to achieve these results are described in Section 3 and summarized in Table 1.

2.4 PHR's Comparative Advantage in Meeting These Objectives

Over the past ten years, donors and cooperating agencies working in Safe Motherhood have made great strides in defining issues and clinical solutions to decrease maternal mortality and morbidity rates. Despite significant progress, maternal mortality and morbidity remain extremely high in many developing countries. One reason may be that past Safe Motherhood efforts concentrated primarily on clinical approaches alone, such as life-saving skills training for doctors, nurses, and midwives. By combining clinical approaches with key health sector reforms, such as innovative resource generation and financing mechanisms and suggestions for allocating resources more efficiently, greater improvements in maternal health outcomes can be achieved. The PHR project's focus on health system reform and on identifying barriers to the effective provision and use of maternal and reproductive health services, combined with continued emphasis on improved clinical knowledge and improved quality of care, addresses maternal mortality and morbidity in a more comprehensive and sustainable manner.

Figure 2. Meeting the Strategic Objectives of the PHN Center



03. Proposed Activities

Below is a brief description of proposed activities under each objective. A summary of planned activities and indicators, grouped by objective and result, is presented at the end of this section in Table 1.

3.1 Objective 1: Improve Policy Environment for More Effective Use of Resources Devoted to Key Maternal and Reproductive Health Services

3.1.1 Rationale

In order to directly contribute to the Center for PHN's Intermediate Result of "improved policy environment for maternal health and nutrition programs," PHR's MRHI seeks to improve national, regional, and global policy environments related to effective resource allocation for key maternal and reproductive health services. PHR's focus on policy and health reform improvement will be combined with its expertise in assessing and improving resource allocation for specific health services. Specifically, the MRHI hopes to improve the knowledge of policymakers and program managers about specific constraints that may be hindering the optimal provision and utilization of maternal and reproductive health services in their countries and to encourage policy and programmatic reforms that address these constraints.

PHR activities under this first objective, described in detail below, include household data analysis on the financing and use of maternal health services, cost studies, an evaluation of a national insurance scheme, and assessments of other alternatives in financing maternal and reproductive health services. In addition to costs of services, quality of care will be examined in order to determine the relative cost-quality of different approaches to reducing maternal mortality and morbidity in a given setting. Since most countries already address maternal mortality and morbidity in some fashion, information on the relative costs of different approaches in a particular setting while controlling for quality may be more important to decision-makers and managers faced with improving maternal health outcomes with limited resources.

3.1.2 Intended Results and Activities

Result 1.1: Increase knowledge to make effective resource allocation decisions related to maternal and reproductive health services

Activities

1. Conduct cost studies in Ghana, Malawi, and Uganda. At the request of USAID's Bureau for Africa and in conjunction with a MotherCare assessment of Safe Motherhood interventions, PHR will conduct cost studies of several key maternal health interventions in five facilities in Ghana, Malawi, and Uganda. The five facilities to be selected will include a public hospital, NGO hospital, public health center, NGO health center, and a maternity home so that cost comparisons can be made between facility levels and between the public and private sectors. In addition, PHR will examine the quality of care in each facility through facility checklists and patient perceptions so that inferences about the quality of service provided per the cost of the service can be made as well. PHR will contract with local research firms in each country to collect and analyze the cost data and coordinate with ministries of health to disseminate and use study findings. PHR will report on the findings from each country study and will also draw comparative conclusions and recommendations for ministry, facility-level, and regional decision-makers.
2. Conduct facility-based patient interviews in Ghana, Malawi, and Uganda. As a companion piece to the studies above, PHR will simultaneously conduct facility-based patient interviews in order to assess demand and willingness to pay for maternal and reproductive health services, as well as client satisfaction.
3. Conduct cost studies in Benin, Mali, and Senegal. PHR is exploring the possibility of assisting the Support for Analysis and Research in Africa (SARA) Project by conducting a cost study of Safe Motherhood interventions in three countries in Francophone Africa: Benin, Mali, and Senegal. *The Centre de Formation et de Recherche en Sante de la Reproduction* (Center for Training and Research on Reproductive Health, CEFOREP), with support from the SARA Project, is conducting an assessment of selected Safe Motherhood pilot programs that have been successful in reducing maternal mortality through improved essential obstetric care services. If funding becomes available, PHR proposes to simultaneously examine the costs of these pilot programs as compared with the cost of similar services in public sector facilities to inform the ministries of health about the scaling up of these pilot programs. The CEFOREP assessment and the PHR cost study together will also inform other countries in West Africa about the effectiveness and affordability of these three models of Safe Motherhood interventions.
4. Conduct a cost study of a maternal and child health (MCH) package covered by national health insurance scheme in Bolivia. As part of PHR's evaluation of a national MCH insurance scheme in Bolivia (see Activity 2 under Result 1.2 below for more details), PHR will conduct a cost study of the MCH package covered by the national insurance scheme to make recommendations to the MOH for modification and improvement. As the insurance scheme enters its third year, the government of Bolivia is interested in evaluating its impact on the efficiency and financial sustainability of the health system. The following questions are of particular importance to local policymakers:
 - △ Are reimbursement rates for drugs, supplies, and hospitalization adequate?
 - △ Has the loss in revenues from user fees been significant?

- △ Is the current incentive structure one that encourages users to seek services at levels of the delivery network where unit costs to the supplier are higher?
- △ Has utilization increased to the extent that pressure is now being put on the existing service delivery infrastructure?
- △ What has been the effect of the insurance scheme on the private sector delivery of these services?

To answer these questions, the cost study will focus on: (1) estimating the recurrent cost of delivering the scheme's highest volume services (most likely deliveries and acute respiratory illness) at public primary, secondary, and tertiary care facilities; (2) estimating losses in revenues from user fees; (3) estimating the cost of a limited expansion of the package of services covered by the scheme; and (4) summarizing existing cost data from NGOs delivering maternal and child health services.

5. Analyze cost data collected by the World Bank in Ecuador. PHR will analyze the cost of maternal and reproductive health services data collected by local researchers in Ecuador hired by the World Bank. Results of the analysis will provide estimates of the costs of normal and complicated deliveries in a hospital setting in Latin America. Findings from the study will be written up and disseminated in-country and to other regional policymakers and key players.
6. Assess the cost-effectiveness of adolescent programs to reduce adolescent pregnancies and mortality. PHR will collaborate with an organization working in female adolescent health to estimate costs and effectiveness of interventions that target adolescent mothers in several countries. Possible countries include Cambodia, Paraguay, Uganda, Ghana, or a FOCUS on Young Adults Project country. The MRHI will coordinate with the FOCUS Project and its PHR backstops to better define and possibly leverage funding for this activity.

Result 1.2: Increase knowledge for more effective policies related to national insurance and other alternative financing schemes for maternal and reproductive health services

Activities

1. Analyze Demographic and Health Survey (DHS) and Family Life Survey (FLS) data sets regarding financing and use of maternal and reproductive health services in Indonesia. PHR will analyze the 1994 DHS and 1993/94 FLS data from household surveys on financing and use of maternal and reproductive health services in public and private sectors in Indonesia. The analysis of the data sets will be undertaken in order to increase understanding of patterns of public versus private sector use; increase understanding of how these vary both with provider characteristics (e.g., quality of care, location, price) and with client characteristics (e.g., income, education); and determine if a positive association exists between the presence of village midwives and the utilization of Safe Motherhood services. This information will ultimately assist the Indonesian MOH in formulating an appropriate private sector strategy for reproductive health.

2. Conduct an evaluation of Bolivia's national MCH insurance scheme. At the request of the MOH and with field support funding from USAID/Bolivia, PHR will conduct an evaluation of Bolivia's national MCH insurance scheme and make recommendations for modification and improvement through policy dialogue and workshops with counterparts. The main objectives of the evaluation are to analyze the cost of the insurance program, analyze its impact on utilization and quality, assess administrative capacity to monitor and support the program, and recommend mechanisms to improve the system as it currently functions. The evaluation will inform USAID/Bolivia on the effect of the insurance program on the private sector, in which the Mission has a considerable long-term investment. PHR's findings will also be used to inform the government of Bolivia's planned expansion of the package of services covered by the program.
3. Assess existing alternative financing schemes for maternal health services in various settings. In close coordination with other project activities, PHR will assess existing alternative financing schemes for maternal health services. Possible examples to examine include discounted packages of services at PROSALUD clinics in Bolivia, pre-payment schemes in Tanzania, and franchising in Zambia. Once alternative schemes have been assessed, PHR will disseminate findings and make recommendations for adaptation and improvement of each scheme.

3.2 Objective 2: Enhance Capacity to Collect and Use Information That Can Improve Policies and Decision-Making Related to Maternal and Reproductive Health Services

3.2.1 Rationale

Dialogue among communities, policymakers, and health care providers is needed to identify innovative ways to overcome barriers to women seeking maternal care. All of the activities under this initiative have been designed to encourage this dialogue as well as to enhance host-country capacity to collect, analyze, and use information on costs and alternative financing mechanisms for maternal and reproductive health services. The methodologies of all studies and evaluations will be designed and implemented in close collaboration with local counterparts and key policymakers. Findings and recommendations will also be developed in collaboration with program managers and policymakers so that they are both better informed on health care financing and costing issues and able to conduct similar studies and analyses in the future without external assistance.

3.2.2 Intended Results and Activities

Result 2.1: Enhance host-country capacity to design, collect, and analyze cost data related to maternal and reproductive health services

Activities

1. Hire, train, and supervise three local research firms to conduct the majority of cost data collection and initial analysis in Ghana, Malawi, and Uganda. As part of the MRHI's three-country comparative cost study in Africa, PHR will hire, train, and supervise three local research firms (one in each country) to conduct cost data collection and preliminary analyses. In addition, PHR may hire, train, and supervise local researchers in Benin, Mali, and Senegal to conduct cost data collection and preliminary analysis as part of PHR's proposed cost study in Francophone Africa to be conducted in conjunction with the SARA Project.
2. Hire, train, and supervise local researchers in Bolivia in cost data collection and analysis as well as in development of a strategic framework to lead to an improved insurance scheme policy. As part of PHR's insurance evaluation and costing exercise in Bolivia, PHR will hire, train, and supervise local researchers and MOH representatives to conduct cost data collection and preliminary analyses.
3. Present the methodology and findings of cost studies to local counterparts. PHR will encourage and enable local researchers to present the methodology and findings of these cost studies to others to encourage awareness among MOH counterparts and facility decision-makers of cost issues and constraints.

Result 2.2: Enhance capacity of MOH and facility staff to make policy changes and managerial decisions regarding maternal and reproductive health based on sound information

Activities

1. Synthesize findings of comparative cost study in Ghana, Malawi, and Uganda and make recommendations for greater efficiency to the MOH and facility decision-makers. Through policy dialogue and, possibly, workshops, PHR and local research teams will synthesize findings of the cost study in each country and across country settings in order to make recommendations to the MOH and facility decision-makers in each country to improve efficiency and effectiveness in the provision of maternal health services at several facility levels. A ministry representative will serve as an advisor and reviewer for the local research organization in order to ensure that the ministry is invested in the study from the outset.
2. Work with the MOH in Bolivia to modify, improve, and possibly expand its national MCH insurance scheme using conclusions and recommendations derived from data from the insurance evaluation. At the request of the Bolivian MOH, PHR is evaluating the national MCH health insurance scheme in order to make recommendations to the MOH for modification and improvement. PHR will present its conclusions and recommendations to USAID and the MOH in a series of meetings.

3.3 Objective 3: Provide State-of-the-Art Knowledge, Approaches, and Tools in the Areas of Costing and Financing Maternal and Reproductive Health Services

3.3.1 Rationale

At present, only limited information is available on the actual costs of maternal and reproductive health programs aimed at combating maternal mortality and morbidity. Through its MRHI activities, PHR is in an excellent position to contribute state-of-the-art knowledge to the small but growing body of field-based literature on maternal and reproductive health, specifically regarding the cost and financing of key services. Efforts will be made to coordinate with other key actors involved in maternal and reproductive health, including those working on the Inter-Agency Group on Safe Motherhood as well as those participating in “Costing Cairo” discussions. In addition, PHR will contribute to and develop several generic tools and approaches to measure and improve the efficiency of key services that have been tested and proven in actual country settings.

3.3.2 Intended Results and Activities

Result 3.1: Improve or refine approaches and tools to measure and improve efficiency of maternal and reproductive health services

Activities

1. Contribute to the revision and validation of the WHO Mother-Baby Package Costing Spreadsheet in Bolivia and Uganda. PHR will work with WHO’s Division of Reproductive Health to validate the WHO Mother-Baby Package costing spreadsheet at the district level in Bolivia and Uganda. The WHO Mother-Baby Package costing spreadsheet model was developed to help district-level planners obtain rough estimates of the costs of the Mother-Baby Package of services in anticipation of developing a detailed action or implementation plan. PHR will provide WHO with technical assistance on the spreadsheet and its assumptions. The spreadsheet will then be tested by WHO and MotherCare/Bolivia in a number of facilities. The results of the test should be useful to policymakers in Bolivia who are currently evaluating the MCH insurance scheme by providing them with information on real costs of these services (the costs of providing these services according to standard practices in Bolivia), as well as the costs of providing the Mother-Baby Package of services according to treatment protocols. In addition, PHR will use the spreadsheet to estimate costs of the package of MCH services covered under the insurance scheme (see Activity 4 under Result 1.1 above). In Uganda, PHR will insert cost estimates from its in-depth cost study in one district and then compare them to WHO’s cost estimates from several other districts.

2. Develop, test, and disseminate PHR tools and instruments related to maternal and reproductive health interventions. During the cost studies and other research mentioned above, PHR will develop, test, and disseminate the cost collection instruments, observation forms, and surveys used. Possible instruments to be developed include provider interviews on time allocation, observation forms, quality checklists, costing spreadsheets, and a cost-savings spreadsheet.
3. Develop and disseminate a policy brief to assist governments, donors, and others to design and/or improve national MCH insurance schemes. Following the completion of PHR's evaluation of the Bolivian national MCH insurance scheme, PHR will draw broad conclusions regarding the design and implementation of national insurance schemes targeted at certain groups, such as mothers and children. A policy brief will be written and widely disseminated.
4. Collaborate with MotherCare, Management Sciences for Health/Rational Pharmaceutical Management (MSH/RPM) Project, WHO, World Bank, the POLICY Project, and others to share methodologies, approaches, and tools related to costing and financing of maternal health interventions. Through a series of consultative meetings convened by PHR and other organizations, PHR will lead and/or contribute to exchange and discuss key issues, common approaches, and tools related to costing and financing of maternal and reproductive health interventions. (See also Section 5.)
5. Develop a teaching case study on estimating the costs of maternal and reproductive health services. At the request of the Economic Development Institute (EDI) of the World Bank, PHR will contribute to an upcoming World Bank flagship course curriculum on maternal and reproductive health by developing a teaching case study on estimating the costs of maternal and reproductive health services, using PHR's research in Uganda as an illustrative example. The course is titled *Costing and Financing of Essential Service Packages* and will be held in June 1998. The course has been designed to provide methodological tools and lessons from experience in the costing of essential services to World Bank staff working on the design of sector-wide programs and/or specific investment projects to support the delivery of essential services, especially reproductive health and family planning services.

Result 3.2: Increase understanding of the costs and financing alternatives for maternal and reproductive health interventions by the international health community, local counterparts, and decision-makers

Activities

1. Write or develop issue briefs for broad dissemination on key issues identified during research. PHR will write and disseminate issue briefs on a variety of topics throughout the life of the MRHI. Topics for these issue briefs may include, but are not limited to:
 - (a) successful alternative financing schemes for maternal and reproductive health interventions;

- (b) cost and quality trade-offs between private and free public care in Bolivia;
 - (c) assessing the effectiveness and feasibility of national MCH insurance schemes; and
 - (d) household spending for maternal and reproductive health services in Indonesia.
2. Write information brief on MRHI and disseminate widely. Once this activity plan is finalized and approved, PHR will draft and disseminate an information brief to announce future and ongoing activities under the MRHI.
 3. Disseminate broadly via policy briefs and national or regional workshops all findings, methodologies, and recommendations in order to improve management systems, service delivery, and financing schemes related to maternal and reproductive health. Through a policy brief series and/or national or regional policy workshops, PHR will disseminate findings, proven methodologies, and recommendations resulting from all of its activities to a broad audience.
 4. Organize and implement global conference regarding costs and financing of key maternal and reproductive health services. In order to contribute to the state-of-the-art body of knowledge on maternal and reproductive health, PHR will organize and implement a global conference in coordination with WHO, World Bank, MotherCare, MSH/RPM Project, the POLICY Project, policymakers, health financing experts, program planners, and others to disseminate and discuss findings, methodologies, and next steps regarding costs and financing of key maternal and reproductive health services.

Table 1
Summary of Objectives, Results, Activities, and Target Dates

Activities		Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 1: Improve policy environment for more effective use of resources devoted to key maternal and reproductive health services				
Result 1.1 Increase knowledge to make effective resource allocation decisions related to maternal and reproductive health services				
1.	Conduct cost studies in Ghana, Malawi, and Uganda; synthesize findings and recommendations for improvement for MOH and facility decision-makers.	3 cost studies completed. Findings disseminated.	Sept 1998 Dec 1998	MOHs local research orgs. MotherCare
2.	Conduct facility-based patient interviews in Ghana, Malawi, and Uganda in order to assess demand and willingness to pay for maternal health services, as well as client satisfaction.	3 demand studies completed. Findings disseminated.	Sept 1998 Dec 1998	MOHs local research orgs. MotherCare
3.	Conduct cost studies of Safe Motherhood pilot projects in Benin, Mali, and Senegal.	3 cost studies completed. Findings disseminated.	Dec 1998	MOHs SARA Project
4.	As part of PHR's evaluation of national MCH insurance scheme in Bolivia (see Result 1.2.2), conduct cost study MCH package covered by insurance scheme to make recommendations to the MOH for modifications and improvement.	Cost study completed and findings analyzed in collaboration with MOH and other key policymakers.	Jan 1999	MOH USAID/Bolivia local research orgs.
5.	Analyze cost data collected by the World Bank in Ecuador.	Analyses completed. Findings disseminated.	March 1998	World Bank
6.	Cost-effectiveness of adolescent programs to reduce adolescent pregnancies and mortality in Nepal, Cambodia, Paraguay, Uganda, Ghana, or FOCUS Project country.	TBD	TBD	FOCUS Project Centre for Development and Population Activities(?)

Table 1
Summary of Objectives, Results, Activities, and Target Dates

Activities	Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 1: Improve policy environment for more effective use of resources devoted to key maternal and reproductive health services (cont.)			
Result 1.2 Increase knowledge for more effective policies related to national insurance and other alternative financing schemes for maternal and reproductive health services			
1. Analyze DHS and FLS datasets regarding financing and use of maternal health services in Indonesia.	Analysis completed. Findings disseminated.	Dec 1998	MOH USAID/Bolivia local research orgs. local research orgs.
2. Conduct an evaluation of Bolivia's national MCH insurance scheme; make recommendations for modification and improvement through policy dialogue and workshops.	Evaluation including recommendations for modification and improvement completed. Findings disseminated through policy dialogue and workshops with MOH and other key policymakers.	Dec 1998	
3. Assess the effectiveness of existing alternative financing schemes for maternal health services (i.e., discounts given at private clinics in Bolivia, pre-payment schemes in Tanzania, franchising in Zambia, etc.), make recommendations for improvement, and disseminate findings.	Assessments completed. Findings disseminated via policy briefs and other venues.	Sept 1999	
OBJECTIVE 2: Enhance capacity to collect and use information that can improve policies and decision-making related to maternal and reproductive health services			
Result 2.1 Enhanced host-country capacity to design, collect, and analyze cost data related to maternal and reproductive health services			
1. Hire, train, and supervise three local research firms to conduct the majority of cost data collection and initial analysis in Ghana, Malawi, and Uganda.	Research firm identified and contracted. Researchers trained and supervised.	Feb 1998 Sept 1998	local research orgs.
2. Hire, train, and supervise local researchers in Bolivia in cost data collection and analysis as well as in development of a strategic framework to lead to an improved insurance scheme policy.	Local workshops conducted in each country to present study methodologies and findings. Research firm identified and contracted.	Sept 1998 Mar 1998	MOH, MotherCare, local research orgs.
3. Present the methodology and findings of cost studies to local counterparts.			

Table 1
Summary of Objectives, Results, Activities, and Target Dates

Activities	Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 2: <i>Enhance capacity to collect and use information that can improve policies and decision-making related to maternal and reproductive health services (cont.)</i>			
Result 2.2 <i>Enhanced capacity of MOH and facility staff to make policy changes and managerial decisions regarding maternal and reproductive health based on sound information</i>			
1. Synthesize findings of comparative cost study in Ghana, Malawi, and Uganda and make recommendations for greater efficiency to the MOH and facility decision-makers via a variety of mechanisms, including involvement with research teams, policy dialogue, and workshops.	Findings synthesized and analyzed in collaboration with MOH and other key policymakers in each country.	Sept 1998	MOH local research orgs.
2. Work with MOH in Bolivia to modify and improve its national MCH insurance scheme using conclusions and recommendations derived from data from the insurance evaluation (see Result 1.2.2).	Steps taken to modify and improve MCH insurance scheme.	Sept 1999	MOH USAID/Bolivia

Table 1
Summary of Objectives, Results, Activities, and Target Dates

Activities		Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 3: Provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing maternal and reproductive health services				
Result 3.1: Improve or refine approaches and tools designed to measure and improve the efficiency of maternal and reproductive health services				
1.	Contribute to the revision and validation of the WHO Mother-Baby Package Costing Spreadsheet in Bolivia and Uganda.	Revisions outlined and incorporated. Spreadsheet validated in Bolivia. Spreadsheet validated in Uganda.	Jan 1998 Jan 1998 Dec 1998	WHO MotherCare/Bolivia Delivery of Improved Services for Health (Uganda)
2.	Develop, test, and disseminate PHR cost collection and survey instruments related to maternal health interventions (e.g., cost savings spreadsheet, time and motion instruments, etc.).	Cost collection, survey instruments, and other tools developed, tested, and disseminated.	Sept 1999	
3.	Develop and disseminate a policy brief to assist governments, donors, and others to design and/or improve national MCH insurance schemes.	Policy brief developed and disseminated.	Sept 1999	international experts
4.	Collaborate with MotherCare, MSH/RPM Project, WHO, World Bank, the POLICY Project, and others to share methodologies, approaches, tools, and findings related to costing and financing of maternal health interventions.	Steps taken to further collaborate with these organizations.	Sept 2000	WHO World Bank MotherCare MSH/RPM Project POLICY Project
5.	Develop a teaching case study on estimating the costs of maternal and reproductive health services; contribute to World Bank/EDI flagship course curriculum on maternal health.	Case study completed and presented by PHR staff at the World Bank course.	June 1998	World Bank/EDI

Table 1
Summary of Objectives, Results, Activities, and Target Dates

Activities	Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 3: <i>Provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing maternal and reproductive health services (cont.)</i>			
Result 3.2: <i>Increase understanding of the costs and financing alternatives for maternal and reproductive health interventions by the international health community, local counterparts, and decision-makers</i>			
<p>1. Write or develop issue briefs for broad dissemination on key issues identified during research, including: (a) successful alternative financing schemes for maternal health interventions; (b) cost and quality trade-offs between private and free public care in Bolivia; (c) assessing the effectiveness and feasibility of national MCH insurance schemes; and (d) household spending for maternal health services in Indonesia.</p> <p>2. Write information brief on Maternal and Reproductive Health Initiative and disseminate widely.</p> <p>3. Disseminate broadly via policy briefs, PHR's website, and national or regional workshops all findings, methodologies, and recommendations in order to improve management systems, service delivery, and financing schemes related to maternal health.</p> <p>4. Organize and implement global conference in coordination with WHO, World Bank, MotherCare, MSH/RPM Project, the POLICY Project, and others for policymakers, health financing experts, and others to disseminate and discuss findings, methodologies, and next steps regarding costs and financing of key maternal and reproductive health services.</p>	<p>Issue briefs developed and disseminated.</p> <p>Information brief drafted and disseminated.</p> <p>Broad dissemination completed via distribution of policy briefs and completion of workshops or other policy dialogue mechanisms.</p> <p>Global conference organized and held. Conference proceedings compiled and distributed.</p>	<p>FY1998–FY1999</p> <p>April 1998</p> <p>FY1998–FY1999</p> <p>June 2000</p>	<p>WHO World Bank MotherCare POLICY Project MSH/RPM Project</p>

04. Evaluation and Reporting Plan

The progress and success of this Special Initiative will be measured using the indicators listed in Table 1.

PHR and USAID managers will internally review the progress of MRHI activities each quarter with the Special Initiative's team and will make adjustments, as necessary, to the timing or the design of planned activities. As mentioned earlier, PHR will also call upon an informal internal panel of maternal and reproductive health experts and health economists to review and revise, as necessary, plans and products for specific activities.

PHR will report on the progress and financial status of this Special Initiative in each PHR quarterly report to the USAID co-managers. In addition to developing and disseminating policy briefs, issue briefs, and tools via various *fora* as outlined in Table 1, PHR will also produce and disseminate final reports for each of the major activities, including all assessments, research studies, conferences, and workshops. PHR will compile a mailing list of key contacts working in maternal and reproductive health in order to effectively disseminate MRHI products and continuously update the contact list over the course of the project.

In addition, PHR will develop a PowerPoint presentation on the overall MRHI to share with USAID counterparts and other cooperating agencies. In time, PHR will develop presentations on specific aspects of the initiative, which are targeted to certain audiences, e.g., MOHs, NGOs, donors, etc.

05. Personnel and Management Plan

In order to implement the activities described in Section 3.0, PHR proposes the following personnel and management plan. In addition, PHR plans to coordinate its efforts with related efforts by other donors and cooperating agencies as detailed below.

5.1 Proposed Personnel

The personnel and management team for the MRHI will consist of the following personnel:

- ▲ A program manager/analyst (at 50 percent time) to be responsible for the day-to-day management of this Special Initiative and ensure that activities take place on schedule and on budget. This person will also be responsible for lining up appropriate staff, consultants, and/or local institutions to carry out the specific activities and will take part in implementing them as well, when appropriate. He will also coordinate and participate in the process of reviewing all reports and products. Qualifications for this position include: extensive program management experience on USAID-funded health and population projects, experience managing subprojects and subcontracts, and experience in designing, conducting, analyzing, and writing the results of field research studies.
- ▲ A technical advisor (at 33 percent time) to provide technical guidance on all aspects of the program, including the development of plans for specific activities; identifying appropriate countries for certain activities; identifying personnel and firms to carry out the activities in the field; technical review of data, reports, and other products; and monitoring of the program's progress. This person should have extensive field experience working in maternal and reproductive health and a solid understanding of health sector reform policy issues.
- ▲ A program assistant to provide administrative and research support for this activity.

Many of the actual activities will be carried out by consultants and local research firms from the countries where the activities will take place and, as needed, by health economists and other staff from within the project and from PHR's partner firms. Other PHR technical advisors and research analysts may also lead and/or contribute to specific MRHI activities.

5.2 Management Plan

Overall oversight and guidance for this initiative will be provided by the Special Initiative's coordinator, PHR's technical director, and the deputy director for operations. The team for this initiative will also work closely with the Information Dissemination team to develop and disseminate all reports and products. All major products, including issue and policy briefs, will also be reviewed by the informal panel of maternal and reproductive health experts assembled for this Special Initiative. As mentioned above, PHR will also call on the panel periodically for advice and information to plan and implement the various activities involved in this initiative.

5.3 Coordination with Other Cooperating Agencies and Donors

Specific activities in this work plan were developed in close coordination with WHO, the World Bank, and the MotherCare Project. In addition, PHR has been in contact with a number of other cooperating agencies working on aspects of the costs and financing of Safe Motherhood interventions, including the FOCUS Project, POLICY Project, and the Rational Pharmaceutical Management Project. PHR has also consulted with USAID global and regional bureaus, several missions, MOHs, and local research firms. In Uganda, PHR is collaborating with the bilateral health project Delivery of Improved Services for Health. In Bolivia, PHR has worked with the MotherCare field office and will collaborate with PROSALUD on several policy and costing issues.

06. Proposed Budget

Below is the estimated budget and level of effort for this initiative for the period of January 1998 to September 2000.

Budget Category	Year 1	Year 2	Year 3	Total	Total Level of Effort (Person Days)
Total Labor (loaded)	\$173,076	\$153,151	\$148,213	\$474,441	1,034
Consultants	8,750	14,000	0	22,750	65
Travel	97,920	180,000	7,530	285,450	
Other Direct Costs	17,794	36,765	95,739	150,298	
Subcontractors: Local Firms	140,000	0	0	140,000	
General and Admin.	62,917	70,665	45,267	178,849	
Base Fee (2 percent)	9,609	9,492	5,935	25,036	
Allocable Cost (15 percent)	73,510	72,611	45,403	191,524	
Total	\$583,577	\$536,684	\$348,087	\$1,468,348	1,099